

PART B - FEE(S) TRANSMITTAL

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23632 7590 06/03/2008

SHELL OIL COMPANY
P O BOX 2463
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Tammy Alexander	(Depositor's name)
Tammy Alexander	(Signature)
(Date)	

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/584,418	06/23/2006	Daniel Frederik Christof Pribnow	TS6401US	9477

TITLE OF INVENTION: METHOD OF DETERMINING A FLUID INFLOW PROFILE OF WELLBORE

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/03/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOMAR, THOMAS S	3676	166-250010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.	2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed
1 _____ 2 _____ 3 _____	

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shell Oil Company

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

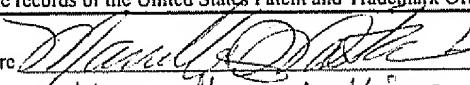
A check is enclosed
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 59-1500 (enclose an extra copy of this form)

5 Change in Entity Status (from status indicated above)

a Applicant claims SMALL ENTITY status See 37 CFR 1.27. b Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2).

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Date 8/14/08

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Typed or printed name

Marcella Watkins

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